



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/16/2006	200613503020	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	100.00	00	00	00

Receipt

This is not a bill. Please do not remit payment.

MARK J. PITSTICK
224 N. FAYETTE STREET
WASHINGTON C.H., OH 43160

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1622903

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

UNLIMITED TRANSPORTATION CORPORATION

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200613503020



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 15th day of May, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

- ☒ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☐ No PO Box 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

2006 MAY 15 11:10:42

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Incorporation Profit (113-ARF) ORC 1701	(2) ☐ Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) ☐ Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
---	--	---

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Unlimited Transportation Corporation

SECOND: Location Columbus Franklin
(City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing
(mm/dd/yyyy)

☐ Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 1000 Common 0
(No of Shares) (Type) (Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional**FIFTH:** The following are the names and addresses of the individuals who are to serve as initial Directors.

Deanna G. Chapman

(Name)

501 Gunntown Rd.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Bellefontaine

(City)

Ohio

(State)

43311

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIREDMust be authenticated
(signed) by an authorized
representative
(See Instructions)

Authorized Representative

Deanna G. Chapman

(print name)

5.11.06

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

Complete the information in this section if box (1), (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Unlimited Transportation Corporation
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by
statute to be served upon the corporation may be served. The complete address of the agent is

Deanna G. Chapman

(Name)

501 Gunntown Rd.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Bellefontaine

, Ohio

43311

(City)

(Zip Code)

Must be authenticated by an
authorized representative

Deanna G. Chapman
Authorized Representative

5.11.06
Date

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Deanna G. Chapman

, named herein as the

Statutory agent for,

Unlimited Transportation Corporation

, hereby acknowledges and accepts the appointment of statutory agent for said entity

✓ Signature.

Deanna G. Chapman
(Statutory Agent)